

**GROUP TERM LIFE INSURANCE  
PORTABILITY ENROLLMENT FORM  
EFFECTIVE JANUARY 1, 2001**

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  
HARTFORD, CT 06115**

**(APPLICABLE ONLY TO EMPLOYEES RETIRING JANUARY 1, 2001, AND AFTER)**

POLICY NUMBER GL 33913      CERTIFICATE NUMBER      POLICYHOLDER: STATE OF SOUTH CAROLINA  
BUDGET AND CONTROL BOARD

EMPLOYER NAME:      EMPLOYER GROUP ID#:      EMPLOYER PHONE NUMBER:

**EMPLOYEE INFORMATION:**

First Name      Middle Initial      Last Name      Date of Birth      OPTIONAL LIFE  
Month Day Year      TOTAL COVERAGE  
\$

Social Security Number:      Phone Number:      I ELECT TO PORT: (\$10,000 INCREMENTS)  
\$

ADDRESS      CITY      STATE      ZIP CODE

LAST DAY WORKED      ACTIVE GROUP COVERAGE      EFFECTIVE DATE (LEAVE BLANK)  
TERMINATION EFFECTIVE DATE

**BILLING OPTION** (circle preference – a \$5 administrative fee per billing is applicable); Annual      Semi-annual      Quarterly

**YOUR BENEFICIARY** (First Name, Middle Initial, Last Name)      Relationship

I UNDERSTAND THAT THE INSURANCE FOR WHICH I HAVE APPLIED WILL NOT BECOME EFFECTIVE UNLESS I HAVE FULLY COMPLETED THIS FORM.

SIGNATURE:      DATE:

I HAVE ALREADY RECEIVED A PORTION OF MY COVERAGE UNDER THE LIVING BENEFIT OPTION AND UNDERSTAND MY CONTINUATION COVERAGE WILL EQUAL THE REMAINING COVERAGE IN EFFECT.

SIGNATURE (if applicable):      DATE:

SIGNATURE OF VERIFICATION BY BENEFITS ADMINISTRATOR: \_\_\_\_\_

(Form BC-3267 (revised 01/2001))

**South Carolina Budget and Control Board Employee Insurance Program**

This application form is necessary for continuation of the Optional Life coverage under portability. To be eligible for continuation under portability, the employee must be leaving covered employment due to disability retirement or service retirement and must be eligible for retirement at the time the active group Optional Life coverage ends. Under portability provisions, the retiring employee may continue his Optional Life coverage in \$10,000 increments up to his active coverage level unless he has already received a portion of his coverage under the Living Benefits option. Portability premiums are the same as the active employee Optional Life premiums determined by age and increased in five-year increments until age 75. Coverage will be reduced at age 70 and continued to age 75. A \$5 administrative fee will be charged with each billing (annually, semi-annually or quarterly, refer to billing option above). If the employee elects to continue the Optional Life coverage under portability, he is eligible to continue the coverage until age 75 and to convert his coverage to individual universal life insurance at age 75. **This form and/or the conversion request form should be completed and filed within 31 days of the coverage termination date.**

In lieu of portability, the retiring employee may elect conversion to individual universal life insurance. Conversion is available to employees who lose Optional Life coverage and dependents who lose Dependent Life coverage. It is issued without evidence of insurability. Applications for conversion must be filed within 31 days of coverage termination. Any amount of coverage (in thousand dollar increments) may be converted up to the benefit amount of the coverage terminated. Conversion brochures and information are available through the employer's benefits office.

**Send the completed form to:**

**Hartford Life Insurance Company  
Attention: SRL&H Department  
P. O. Box 2999  
Hartford, CT 06104-2999**

Do not send payment. You will be billed.